

PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

30405 7590 04/19/2005

MILLENNIUM PHARMACEUTICALS, INC.

40 Landsdowne Street
CAMBRIDGE, MA 02139

07/06/2005 NNGUYEN2 00000014 501668 10074527

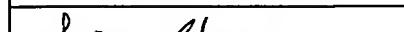
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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Sean Hunziker/Beverly Sotropoulos (Depositor's name)



(Signature)

June 30, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,527	02/12/2002	Peter J. Olandt	MPI01-018PIRNM	6686

TITLE OF INVENTION: 33945, A HUMAN GLYCOSYLTRANSFERASE FAMILY MEMBER AND USES THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, MANJUNATH N	1652	435-183000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Millennium Pharmaceuticals,

1 Inc.

- 2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Millennium Pharmaceuticals, Inc. Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501668 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Tracy M. Sioussat

Date June 30, 2005

Typed or printed name Tracy M. Sioussat

Registration No. 50,609

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Practitioner's Docket No. MPI01-018P1RNM

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Olandt, Peter J., et al.

Application No.: 10/074,527

Group No.: 1652

Filed: February 12, 2002

Examiner: Rao, Manjunath N.

For: 33945, A HUMAN GLYCOSYLTRANSFERASE FAMILY MEMBER AND USES
THEREFOR

Confirmation No. 6686

MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Transmitted herewith for this application are:

- a. This Transmittal Letter (2 pages - in duplicate);
- b. PTOL-85 Part B – Fee(s) Transmittal (1 page - in duplicate); and
- c. Return receipt postcard

2. Fee (37 C.F.R. Section 1.18(a)):

	<u>Regular</u>
Application status is other than a small entity--fee:	\$1,400.00
Advance Order – patent copies (2)	\$6.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

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37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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Signature

Sean Hunziker/Beverly Sotiropoulos
(type or print name of person certifying)

Date: June 30, 2005

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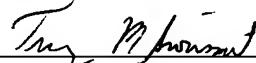
3. **Payment of fee:**

Charge Account No. 501668 the sum of \$1,406.00. (A duplicate of this request is attached.)
If any additional fee is required, charge Account No. 501668.

June 30, 2005

MILLENNIUM PHARMACEUTICALS, INC.

By



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